

# LOGAN VIEW PUBLIC SCHOOLS

## REPORT OF DENTAL EXAMINATION

The health screening program in our school is designed to promote the health of your child. A thorough dental examination prior to entrance into kindergarten is encouraged as part of this process. Should dental work be required, please do so and upon completion, return this form to school. It will be recorded in the student's health record.

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This is to certify that I have thoroughly examined the teeth of

\_\_\_\_\_ (Full Name)

\_\_\_\_\_ All necessary dental work has been completed.

\_\_\_\_\_ No dental work is necessary at this time.

\_\_\_\_\_ Treatment is scheduled.

Further recommendations: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ (Signature of Dentist)

Please return this form to the school as soon as possible. Thank you!

Sharon Sagehorn  
School Nurse

